

LABORATORY INSTRUCTOR EVALUATION CHECKLIST

NAME _____		RATE _____		DATE _____	
NUMBER OF STUDENTS _____		INSTRUCTOR/STUDENT RATIO _____			
COURSE _____		TOPIC TITLE _____			
CIN _____	<input type="checkbox"/> TECHNICAL	<input type="checkbox"/> TECHNIQUE	<input type="checkbox"/> INSTRUCTOR TRAINEE	1	2 3
<input type="checkbox"/> CERTIFICATION	<input type="checkbox"/> MONTHLY	1 2 3	<input type="checkbox"/> QUARTERLY	1 2 3 4	<input type="checkbox"/> HIGH-RISK
Evaluate each item on the checklist. Rate each item a YES, NI (Needs Improvement), NO, or NA (Not Applicable).					
			YES	NI	NO NA
1. INTRODUCTION					
a. Displayed course and topic title.					
b. Introduced self.					
c. Explained the objectives to the students.					
d. Related classroom instruction to lab performance.					
e. Reviewed safety/sanitation procedures.					
f. Posted safety precautions as necessary.					
g. Explained criteria for satisfactory performance.					
h. Motivated students to do their best.					
2. PRESENTATION					
a. Lesson plan was personalized.					
b. Work spaces/stations were ready for training.					
c. Reviewed instructional material with students.					
d. Demonstrated laboratory procedures effectively.					
e. Used communication skills effectively.					
f. Maintained a positive, professional attitude.					
g. Provided related instruction when needed.					
h. Asked thought-provoking questions.					
i. Managed time effectively.					
j. Safety devices/equipment were in good condition.					
k. Issued tools and materials expeditiously.					
l. Monitored students for safety practices.					
m. Instructors assisted students as necessary.					
3. INSTRUCTOR/STUDENT INTERACTION					
a. Students appeared to understand assignment.					
b. Students used instructional materials correctly.					
c. Students appeared to seek help when needed.					
d. Recognized individual student differences.					
e. Checked student progress and understanding.					
4. SUMMARY					
a. Related objectives to the laboratory.					
b. Students participated in review; asked questions.					
c. Asked questions to check student understanding.					
d. Reemphasized the importance of safety.					

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<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> WAIVER Recommended <input type="checkbox"/> MTS Recommendation	
REMARKS COMPLETED BY THE EVALUATOR	
A statement concerning safety evaluation procedures must be included in this section. All behaviors evaluated as NI, NO or NA will be explained under this section. Also include any comments of an outstanding nature.	
SIGNATURE AND TITLE OF THE EVALUATOR	DATE
INSTRUCTOR IMPROVEMENT PLAN	
I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following action:	
SIGNATURE AND TITLE OF THE INSTRUCTOR	DATE